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FILE NAME: IBIS0002-100 (IBIS-0368)
FILE #: 129859

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RECIPIENT(S)	PHONE	FAX
Examiner A. Marschel		703.872.9306

MESSAGE: OFFICIAL FAX! PLEASE DELIVER TO EXAMINER MARSCHEL.
Serial No.: 09/891,793 Filing Date: June 26, 2001

Attachments: Transmittal form (1 page)
Fee Transmittal (with authorization to charge deposit acct, if necessary)(1 page)
Amendment (7 pages)
Petition for Extension of Time (1 month) (1 page)

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PTO/SB/21 (08-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/891,793
		Filing Date	June 26, 2001
		First Named Inventor	David J. Ecker
		Art Unit	1631
		Examiner Name	A. Marashel
Total Number of Pages in This Submission	8 10	Attorney Docket Number	IBIS0002-100 (IBIS-0368)

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul K. Legaard/38,534
Signature	
Date	23 December 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Paul K. Legaard
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	Date

Date 23 December 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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23 Dec '03 3:19PM;Job 237;Page 3/11

P10/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known	
Application Number	08/891,793
Filing Date	June 26,2001
First Named Inventor	David J. Ecker
Examiner Name	A. Marschel
Art Unit	1631
Attorney Docket No.	IBIS0002-100(IBIS-0368)

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor				
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
	1001	770	2001	385
	1002	340	2002	170
	1003	530	2003	265
	1004	770	2004	385
	1005	160	2006	80
SUBTOTAL (1) (\$ 0)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
Total Claims	1202	18	2202	9
Independent Claims	1201	66	2201	43
Multiple Dependent	1203	290	2203	145
	1204	86	2204	43
	1205	18	2205	9
SUBTOTAL (2) (\$)				

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)						
3. ADDITIONAL FEES						
Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Description	Fee Paid	
	1051	130	2051	65	Surcharge - late filing fee or oath	
	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130	1053	130	Non-English specification	
	1812	2,520	1812	2,520	For filing a request for reexamination	
	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110	2251	55	Extension for reply within first month	110
	1252	420	2252	210	Extension for reply within second month	
	1253	990	2253	475	Extension for reply within third month	
	1254	1,480	2254	740	Extension for reply within fourth month	
	1255	2,010	2255	1,005	Extension for reply within fifth month	
	1401	330	2401	165	Notice of Appeal	
	1402	330	2402	165	Filing a brief in support of an appeal	
	1403	290	2403	145	Request for oral hearing	
	1451	1,810	1451	1,810	Petition to institute a public use proceeding	
	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,330	2453	665	Petition to revive - unintentional	
	1801	1,330	2601	885	Utility issue fee (or reissue)	
	1502	480	2502	240	Design issue fee	
	1603	640	2603	320	Plant issue fee	
	1400	130	1480	130	Petitions to the Commissioner	
	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
	1806	180	1806	180	Submission of Information Disclosure Stmt	
	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
	1808	770	2808	385	Filing a submission after final rejection (37 CFR § 1.129(b))	
	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770	2801	385	Request for Continued Examination (RCE)	
	1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)						
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$ 110)	

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Paul K. Legaard	Registration No. (Attorney/Agent)	38,634	Telephone
Signature			Date	December 23, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number (Optional)
IBI80002-100 (IBIS-0368)**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

In re Application of David J. Ecker

Application Number 09/691,793 Filed June 26, 2001

**For A SECONDARY STRUCTURE DEFINING DATABASE AND
METHODS FOR DETERMINING IDENTITY AND GEOGRAPHIC
ORIGIN OF AN UNKNOWN BIOAGENT THEREBY**Art Unit Examiner
1631 A. Marschel

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
|
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1275</u> . | |
- I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record.
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

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December 23, 2003

Date

215.665.6914

Telephone Number

Paul K. Legaard

Typed or printed name

Signature

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

- Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.